

CITY OF GUNNISON

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

We do not discriminate on the basis of race, religion, national origin, sex, age, disability, or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. **PLEASE PRINT**, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Job applied for: _____ Today's Date: _____

Are you seeking: Full-time ☐ Part-time ☐ Temporary ☐ employment? When could you start work? _____

Last First Middle Telephone/cell number

Present Street Address City State Zip Code

Are you 18 years of age or older?Yes ☐ No ☐
(If you are hired, you may be required to submit proof of age.)

If hired, can you furnish proof you are eligible to work in the U.S.?Yes ☐ No ☐

Have you ever applied here before? Yes ☐ No ☐ If yes, when? _____

Were you ever employed here? Yes ☐ No ☐ If yes, when? _____

Have you ever been convicted of any law violation?

Include any plea of "guilty" or "no contest." (Exclude minor traffic violations) Yes ☐ No ☐

If yes, give details _____

(A conviction will not necessarily disqualify an applicant for employment)

If employed, do you expect to be engaged in any additional business or employment outside of our job? Yes ☐ No ☐

If yes, give details _____

FOR DRIVING JOBS: Do you have a valid driver's license? Yes ☐ No ☐

Driver's License Number _____ Class of license _____ State Licensed _____

Have you had your driver's license suspended or revoked in the last 3 years? Yes ☐ No ☐

If yes, give details: _____

List professional, trade, business or civic activities and offices held. (Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability or other protected status.)

SPECIAL SKILLS AND QUALIFICATIONS: Please list any special job related skills, training, qualifications and/or abilities you have which will be a special benefit in the job for which you are applying.

SCHOOL NAME AND LOCATION

Years Completed

Degree/Diploma

Subjects Studied

High School or GED: _____

College or University: _____

Vocational or Technical: _____

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references.

NAME OF EMPLOYER	JOB TITLE AND DUTIES
ADDRESS	DATES OF EMPLOYMENT (MO/YR):
CITY, STATE, ZIP CODE	PAY START: FINAL:
SUPERVISOR	REASON FOR LEAVING
CONTACT NUMBER	MAY WE CONTACT YOUR EMPLOYER?

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ADDRESS	DATES OF EMPLOYMENT (MO/YR)
CITY, STATE, ZIP CODE	PAY START: FINAL:
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CONTACT NUMBER	MAY WE CONTACT YOUR EMPLOYER?

REFERENCES: Give three references, no relatives or former employers.

Name	Contact information	Relationship
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Have you worked, or attended school under any other names? Yes ☐ No ☐

If yes, give names: _____

Are you presently employed: Yes ☐ No ☐

If yes, whom do you suggest we contact? _____

TIMES AVAILABLE TO WORK							
Time of Day	SUN	MON	TUE	WED	THURS	FRI	SAT
Morning							
Afternoon							
Evening							

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in the employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at later date.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre and/or post employment drug screen as a condition of employment, if required.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE CITY MANAGER HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE CITY MANAGER AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statement.

Signature: _____ Date: _____

This application for employment will remain active for a limited time. Ask Human Resources for details.



City of Gunnison

**Gunnison Community Center
Parks and Recreation Department
200E Spencer Ave.
Gunnison, CO 81230
970-641-8060 • 970-641-8011 fax**

As an applicant for the position of _____

I, _____ am required to furnish information for use in determining my
(Print Name)
moral, physical and mental qualifications. In this connection, I authorize release of any and all
information that the Colorado Bureau of Investigation may have concerning me, including information of
a confidential or privileged nature to _____

(Company name and address)

I hereby release The City of Gunnison and the Colorado Bureau of Investigation and its
employees from any liability or damage which may result from furnishing the information requested.

Date of birth _____ Social Security # _____

Address _____

Signature

Date

Notary Public

(Seal)

My commission expires